

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T.G	59	04/01 9/01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	TN	1061	10/02/01
RESPONSE FORMALITY REVIEW	AL	1019	01-17-02

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	5/15/01
2	✓	✓	5/15/01
3	✓	✓	5/15/01
4	✓	✓	5/15/01
5	✓	✓	5/15/01
6	✓	✓	5/15/01
7	✓	✓	5/15/01
8	✓	✓	5/15/01
9	✓	✓	5/15/01
10	✓	✓	5/15/01
11	✓	✓	5/15/01
12	✓	✓	5/15/01
13	✓	✓	5/15/01
14	✓	✓	5/15/01
15	✓	✓	5/15/01
16	✓	✓	5/15/01
17	✓	✓	5/15/01
18	✓	N	5/15/01
19	✓	✓	5/15/01
20	J	V	5/15/01
21	✓	✓	5/15/01
22	J	V	5/15/01
23	✓	✓	5/15/01
24	✓	X	5/15/01
25	X	N	5/15/01
26	✓	✓	5/15/01
27	✓	✓	5/15/01
28	✓	✓	5/15/01
29	✓	✓	5/15/01
30	✓	✓	5/15/01
31	✓	✓	5/15/01
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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10-07-01
14-07